SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery C. Date of Delivery
1. Article Addressed to:	If YES, enter delivery address below:
Douglas R. Burgess Office of Douglas R. Burgess, LLC 480 West Ridge Road 2nd Floor Rochester, NY 14615	3. Service Type Difficulty Certified Mall Difficulty Express Mail Registered Difficulty Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Difficulty Yes
2. Article Number 7007	L490 0000 0026 6947
(Transfer from service label) PS Form 3811, February 2004 Domestic Ref	
TO TO THE LETTER TO THE TOTAL THE TO	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
GENEEN. GOWFEETE THIS SECTION	COMPLETE (MG SECTION ON DELIVER)
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Office of Douglas R. Burgess, L 480 West Ridge Road	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery Ciles Wath Mr. Ciles Yes If YES, enter delivery address below:
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Office of Douglas R. Burgess, L 480 West Ridge Road 2nd Floor Rochester, NY 14615	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery Ciles Wath Mr. Ciles Yes If YES, enter delivery address below:
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Office of Douglas R. Burgess, L 480 West Ridge Road 2nd Floor	A Signature X
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Office of Douglas R. Burgess, L 480 West Ridge Road 2nd Floor Rochester, NY 14615	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery Cicel Mate in 19 9 9 D. Is delivery address different from item 19 9 yes If YES, enter delivery address below: O. Service Type D. Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.